



Oregon Moving & Storage Association

Proposal for Rate Meeting

Company Name: _____

Address: _____

Phone: _____ **Email:** _____

Tariff Item #: _____ **General Rate Increase:** Yes No

Proposal (please include specific information, this request for consideration will be used, no changes can be made at the rate meeting)

Person Submitting Request: _____

Print Name

Date

Signature

Please return to: OMSA 4005 SE Naef Rd Portland, OR 97267

christine@ortrucking.org

Fax: 503.513.0008

To be Completed by OMSA:

Date Received: _____

Docket Number: _____